



State of Tennessee
Department of Children's Services

Administrative Policies and Procedures: 16.46

Subject:	Child/Youth Referral and Placement	
Procedure Change Notice:	♦ Section K2 & Collaterals: Reference to new NOA-Grier FAQ.	Revised: 12/6/16
Authority:	TCA 37-1-116(b); 37-1-137(a); 37-2-415; 37-4-201 et seq.; 37-5-105 (3);37-5-106; Interstate Compact on the Placement of Children (ICPC); P.L. 109-239, Safe & Timely Interstate Placement of Foster Children Act of 2006; Healthy, Hunger-Free Kids Act of 2010; Multi-Ethnic Placement Act of 1994 (MEPA); Indian Child Welfare Act of 1978 (ICWA)	
Standards:	COA: PA-FC 1,2,3,6; PA-KC 1.02, 1.04, 2, 3, 6.01, 6.05, 6.06, 6.07, 6.09,17.04; PA-CR 1,2,3,4; DCS Practice Model: 6-502A; 6-511C	
Application:	To All Department of Children’s Services and Contract Agency Staff and Licensed Child Placing Agency Staff	
Policy Statement:		
DCS placements are made in a home-like, least restrictive setting that meets the unique needs of children/youth with respect to their community and school district. To the extent possible, these placements take into consideration the family, the child/youth, and the community’s safety. Inter-jurisdictional referral and placement of a child/youth in DCS custody is subject to compliance with this policy, the Interstate Compact on the Placement of Children (ICPC) and DCS Policy 1.30, Interstate Compact on the Placement of Children , as prescribed in the ICPC Practice and Procedure Manual .		
Purpose:		
To identify the best placement for child(ren)/youth that meets their unique, individual needs and limits the amount of trauma experienced by the child/youth.		
Procedures:		
A. Assessment and Diligent Search for Placement of children/youth	The placement of all children/youth takes into consideration all of the information gathered prior to and during the initiation of any custody episode. 1. All information gathered, by completing the CANS and/or other specialized assessments outlining the child/youth’s strengths and needs is documented and updated according to DCS Policy, 11.1 Assessment Process and Tools .	

	<p>2. Information regarding diligent search outcomes, including those documented on form, CS-0774, Genogram Contact Sheets, per DCS Policy 16.48, Conducting Diligent Searches which identify relatives, significant kin and other potential supportive resources for mentoring, respite or permanent placement may be utilized, as appropriate.</p>
B. CFTM process for all placement decisions	<p>1. <u>Initial CFTM</u></p> <ul style="list-style-type: none"> a) The Child and Family Team (CFT) is engaged in making all placement decisions in accordance with DCS Policy 31.7, Building, Preparing, and Maintaining Child and Family Teams and the CFTM Protocol. b) At the point that a child/youth comes into Departmental custody, the DCS representative and other specialized DCS experts, (if needed) engages the family in discussing the unique needs of the child/youth and family. They review all available assessment information so that the appropriate placement can be identified and matched to the child/youth's needs. c) Within the initial CFTM, the members utilize all assessment and available placement information to review and determine the best placement for the child/youth. <p>Note: If the Family Service Worker (FSW) identifies a child/youth for whom DCS has been excused from reasonable efforts or TPR and adoption is likely, and the current foster family is not an option, the CFTM considers a legal risk placement.</p> <p>2. <u>Placement Stability/Planned or Unplanned or Change in Placement</u></p> <ul style="list-style-type: none"> a) Consideration to change the placement of a child/youth is discussed within the context of a CFTM and scheduled, whenever possible, prior to the actual change of placement. DCS form CS-0747, Child and Family Team Meeting Summary, is used to document CFTM decisions. If the team recommends a placement change, notification is provided to the foster family within fourteen (14) days of removal. Refer to DCS Policy 16.27, Foster Parent Fourteen-Day Removal Notice and Right to Appeal. b) When a CFTM is convened to prevent a disruption of placement or stabilize a placement, it is held within fifteen (15) working days of the child/youth's change in placement. If a provider requests that a CFTM be convened to discuss possible disruption or change, the FSW responds and schedules that meeting within three (3) days of notification (refer to the CFTM Protocol). If an emergency arises and a Placement Stability CFTM cannot be held to prevent a disruption, the Contract Provider notifies the DCS FSW, TL, or after hours on-call staff prior to making a placement change, including temporary placements.
C. Referral process	<p>1. Upon determination that a child/youth may need out of home placement (initial or subsequent), the FSW must immediately contact the Placement Services Division (PSD) for assistance with locating an appropriate placement. The PSD staff completes form CS-0727, Initial Intake, Placement Referral and Checklist in TFACTS. In case of an emergency or if TFACTS is unavailable,</p>

	<p>form CS-0727 is maintained as a “print, fill-in” form on the DCS Forms Web page. The PSD staff begins gathering any known information about the child/youth from regional staff (including FSW’s and CPS) and begins identifying the range of potential “out of home” placement options for the CFTM, including placement options that may reside out of state. Refer to the Regional Placement Services Division (PSD) Support Guide.</p> <p>2. The PSD placement specialist, or appropriate designated staff person, participates in the CFTM (if possible), and is prepared to provide the team with available options if the team determines placement is necessary. If the PSD placement specialist or appropriate designated staff person is unable to participate in the CFTM, they must provide the FSW assigned to the family the information about potential placements.</p> <p>3. When making a referral for placement, the following items are submitted to the potential placement provider by the PSD placement specialist:</p> <p>Referral: (All referral documents are available in TFACTS)</p> <ul style="list-style-type: none"> a) Cover Letter-(Not available in TFACTS, but is maintained in case of emergencies); b) Family Functional Assessment, with any addendum, and revisions to include a behavior and placement summary for the last six (6) months (refer to DCS Policy 11.1, Assessment Process and Tools); c) Critical medical information; the needs of the child/youth for any ongoing medical prescription, current prescription medication; d) Any “zero tolerance” issues that may exist; e) Psychological assessment, if appropriate; f) Child & Adolescent Needs and Strengths (CANS) g) Permanency Plan packet including revisions (includes Permanency Plan, CS-0158, Notice of Equal Access to Programs, Appeal Rights, CS-0800, Notice of Action, as applicable and TennCare Medical Appeal form) if completed at the time of referral; h) Commitment Order; and i) Any potential diligent search information needed for placement. <p>4. In addition to the placement referral information, the following information is forwarded to the potential placement provider as soon as possible:</p> <ul style="list-style-type: none"> a) Admission: (Copies) <ul style="list-style-type: none"> ◆ Additional Court Order(s); ◆ CS-0205, Authorization for Routine Medical Service for Minors;
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	<ul style="list-style-type: none"> ◆ School records and special education records, CS-0657, Education Passport (includes information about notifying the school to certify a foster care child/youth for free school meals under the Healthy, Hunger Free Kids Act of 2010). <p>Refer to DCS Policy <u>21.14, Serving the Educational Needs of Child/Youth;</u></p> <ul style="list-style-type: none"> ◆ Immunization Records; ◆ Birth Certificate; and ◆ Social Security Card. <p>b) Insurance information</p> <ul style="list-style-type: none"> ◆ Managed Care Organization (MCO) Behavioral Health organization (BHO); or ◆ Copy of TennCare application. <p>5. Information Disclosure at Potential Placements</p> <ul style="list-style-type: none"> a) If circumstances require any child/youth to be placed in a potential placement provider setting, DCS provides all information to ensure appropriate placement and services. b) In the event that a child/youth is referred and placed in a foster home, the Department discloses all information in accordance with DCS Policy <u>20.25, Health Information Records and Access</u>. This includes the use of form CS-0544, Foster Home Placement Checklist. c) If a foster parent has concerns regarding full disclosure of child/youth information, they may contact the local DCS office and schedule an opportunity to review child/youth specific information and discuss concerns with the FSW and Team Leader.
<p>D. Placement Standards and Options</p>	<p>All placements on behalf of a child/youth must consider the following three (3) principals:</p> <ol style="list-style-type: none"> 1. Minimizing the trauma experienced by child/youth and families during the placement process; <ul style="list-style-type: none"> a) The CFTM considers placements for child/youth that are the least restrictive and the least intrusive setting to meet their needs, including the opportunity to keep siblings together in foster homes. b) If a sibling group is separated at the time of placement, the child/youth's FSW, along with other identified staff, makes immediate efforts to locate or recruit a family in whose home the siblings can be reunited. Documentation of the recruitment efforts are maintained in the case file. c) During assessment of the initial or continued placement of a minor child that has a child of their own removed during a custodial episode (by emergency removal or voluntary placement agreement), the maturity level and needs of the minor parent and the infant must be strongly considered. If the minor parent is less than 16 years of age and if there is

no relative/kinship placement available for both the infant child and the minor parent, placement of the infant child with the minor parent is discussed with the Regional Administrator or Designee prior to a final decision. If there is a need for additional support to the infant, mother, and foster parents, **form CS-0674, Special/Extraordinary Rate Request**, is completed and considered to support the child's placement with the minor parent. Refer to DCS Policy [16.29, Foster Home Board Rates](#).

2. **Striving for the first placement to be the best placement within the child/youth's home county/community or as close to home as possible;**

Placement considerations occur in a successive manner from least restrictive to most restrictive according to the individual child/youth's needs. Potential placement options are considered as follows:

- a) Within their own Home- Whenever possible, child/youth remains in their own home with supportive services. These services include formal and informal supports accessed within a child/youth and family's community. Placement with a parent who resides out of state are subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section L and the ICPC Practice and Procedure Manual for specific referral and placement procedures.
- b) With Relative or Kin- Placement with a relative/significant kin is preferred over that of a non-relative as long as the relative home can provide a safe and stable environment.
 - ◆ Relative/significant kin providing for child/youth in DCS custody is provided with the same financial and case management support as a non-relative foster home as soon as the approval process is completed.
 - ◆ Completion of the approval process is required. Refer to DCS Policy [16.20, Expedited Custodial Placements](#).
 - ◆ Placement with a relative or kin resource who resides out of state is subject to compliance with the *Interstate Compact on the Placement of Children*. Refer to Section J of this policy and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedures Manual](#) for specific referral and placement procedures.
- c) Foster Home Inside the Child's Home County/Neighborhood- Whenever possible, the child/youth is placed in foster homes within or as close to their own neighborhoods as possible. By placing child/youth within their neighborhoods, they have the best opportunity to maintain connections to their informal supports and remain in their current school. This option limits the amount of trauma experienced by the removal process. Efforts are made to access both informal and formal outpatient services to meet any needs identified.
- d) Foster Home Outside of the Child's Home County/Neighborhood- When

foster homes are not available within the child/youth's neighborhood, child/youth are placed in the nearest foster home to their community. Specific plans are made for child/youth to be able to maintain connections to their community supports and friends while they are temporarily away from home. Much like placement within their communities, informal and formal outpatient services are accessed to meet any treatment needs. Placement with a foster home for a child/youth who resides out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.

- e) Group Home- This placement type is sought for child/youth with moderate behavior problems that could not be better served in a family setting. Assessment criteria reflects the need for a higher level of care outside of a family setting. The child/youth must present minimum to moderate risk to the community so that specialized services can be accessed outside of the facility on an outpatient basis. Placement with a group home located out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.
- f) Residential Treatment Center- Residential Treatment Centers (RTC) are utilized when the child/youth has serious symptoms or major impairment in several areas, such as work or school, family relations, judgment, thinking or mood, or a moderate to high risk of elopement. They have a moderate to high risk of instability in behavior and mental health status, or occasionally experience acute psychiatric episodes. Impairment prevents regular utilization of outpatient treatment. Placement in a licensed Residential Treatment Center (RTC) located out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.
- g) Detention- Utilized as a short-term placement for delinquent child/youth only that require constant supervision due to their risk to the community and/or others. This setting is utilized as a temporary placement (refer to Section G-2 of this policy), until assessment of the child/youth's needs is completed or a more long-term placement is secured.
- h) Youth Development Center- This placement setting is utilized for delinquent offenders that have multiple or aggravated felony offenses and pose a significant risk to the community. Child/youth considered for this placement meets the criteria and expectations in accordance with DCS Policies [11.3, Criteria for Assessment and Placement of Delinquent Youth in Youth Development Centers](#), and [18.34, Referral and Placement of Youth in Regional Youth Development Centers](#).
- i) Hospital/Sub-Acute- This type of service is utilized when behaviors are influenced by delusions, hallucinations, or serious impairment in

communications. There is an inability to function in almost all areas and the child/youth may pose a significant risk of harm to self or others. The level of functioning is not due exclusively to intellectual disabilities, organic dysfunction, or developmental disabilities. The difficulties are amenable to active psychiatric treatment and require twenty-four (24) hour supervision or access to staff. The child/youth presents a need for highly specialized on-site treatment, and the assessment results reflect a need for this type of service.

3. **Placing the child/youth in the most appropriate, most family-like setting that meets their needs, including out of state placements subject to compliance with the ICPC (Refer to the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#)).**
 - a) Child/youth for whom the permanency goal is adoption, is placed (whenever possible) with a family in which adoption is a possibility.
 - b) Race/ethnicity/religion and/or gender identity will not be the basis for a delay or denial in the placement of a child/youth either with regard to matching the child/youth with a foster family or with regard to placing a child/youth in a group facility. It should be noted, however, that race/ethnicity and/or gender identity is otherwise an appropriate consideration in evaluating the best interest of an individual child/youth to be matched with a particular family.
 - c) Children/youth who reside with smokers have more upper respiratory infections than most. Particular caution is taken when foster parents or others smoke in the home or in the presence of children/youth. Smoking and the use of tobacco products are prohibited in any vehicle in which children/youth receiving care in the home are transported. Children/youth that are medically fragile, or who experience asthma or other breathing-related conditions, are not placed into homes with foster parents who smoke.
 - d) For approved foster homes where the decision has been made not to immunize birth or adopted children/youth due to religious or medical/physical reasons, the following placement considerations occur:
 - ◆ Children/youth under the age of five (5) years old should not be placed in foster homes with unvaccinated children. Children age five (5) years old and older that are up-to-date with their immunizations can be placed in foster homes with unvaccinated children.
 - ◆ Any child with a compromised immune system should not be placed in a foster home with unvaccinated children.
 - ◆ Cases involving kinship care is decided on a case by case basis.
 - ◆ Before placing any child in a foster home with unvaccinated children, consult with the child's Primary Care Physician (PCP) to make sure the child/youth can safely be placed with the family.

	<p>Note: If a DCS foster home wants to become a foster home serving medically fragile children/youth, the home must become a shared home with a contract agency that is approved to serve medically fragile children/youth. For the scope of services for a medically fragile child/youth, refer to the Provider Policy Manual.</p> <p>e) Placement of a child/youth that falls within an Exception Category is considered carefully. For more information regarding placement exceptions, see Section H of this policy.</p>
E. Emergency foster home placement	<p>When an emergency situation outside of business hours arises and no placement option within the child/youth's county or region is available, placement into an emergency foster home is optional. The length of time of placement into these homes is limited and is no longer than 1-3 days. While the child is in a home of this type, the Placement Services Division staff continues to secure a long-term placement option that addresses the assessed needs of the child/youth or make reasonable plans to get the child/youth transported to an already identified placement. For emergency placements with parent/relative (kin) under ICPC Border Agreements, refer to the Interstate Compact on the Placement of Children (ICPC) Practice and Procedures Manual.</p>
F. RA to RA Approval/Courtesy Process	<p>The Regional Administrator (RA) to Regional Administrator (RA) courtesy/approval process is utilized to ensure the safety and best interest of a child/youth to be placed in the home as well as the safety and best interest of the biological/adopted children/youth already in the home. The CFTM process is also utilized to assess the dynamics of the home and to address the safety and best interest of all children/youth in the home, including biological and adopted children/youth and Extension of Foster Care young adults when placement is being considered.</p> <ol style="list-style-type: none"> 1. A Regional to Regional courtesy is required when a region wants to place a child/youth within a home in another region and there are no children/youth from that region in that home. The requesting RA contacts the RA of the region where the child is placed to inform them of the placement. 2. RA to RA approval is required whenever another region needs to place a child/youth within a home in another region and that region has a child/youth placed in the home. The approval is documented on form CS-1052, Regional Administrator (RA) to Regional Administrator (RA) Approval. <p>Note: A Placement Exception Request (PER) is still required to place a child outside of the Region, utilizing form CS-0664, Placement Exception Request (PER).</p> <ol style="list-style-type: none"> 3. The requesting region's Placement Unit contacts the Placement Unit where the identified home is located and/or any other involved regions that have children placed in the home to obtain feedback regarding any potential concerns or issues before placing the child(ren)/youth. The information is documented on form CS-1052, Regional Administrator (RA) to Regional Administrator (RA) Approval.

	<p>4. The information obtained by the Placement Units is presented to the RAs for final approval.</p> <p>5. Once approval or denial is received, the receiving RA contacts the appropriate sending RA within twenty-four (24) hours. In emergency situations, decisions are made as soon as possible. Depending upon the urgency of the situation, this notification may occur by e-mail or by phone. Contract Agencies are notified regarding status of approval by either the requesting or sending region.</p> <p>Note: Refer to DCS Policy <u>31.3, Case Transfer Guidelines Between Regions, Agencies and Facilities</u> when a case <i>transfer</i> is considered.</p>
<p>G. Placement Exceptions</p>	<p>1. When identifying a placement that best meets the child/youth and family's needs, it is necessary to determine whether it falls into a Placement Exception category an (RA)/Designee approval must be obtained PRIOR to placement being made. Refer to form CS-0664, Placement Exception Request (PER) for exceptions to these standards. In situations where contract agencies are seeking to make a placement change, they contact the PSD placement specialist immediately and wait for approval.</p> <p>Note: A PER IS obtained prior to a child going on visits with a prospective family for placement. This reduces unintended trauma if the PER is unable to be approved.</p> <p>2. If the RA/Designee approves the placement, form CS-0664, Placement Exception Request (PER) is completed and uploaded into the placement record in TFACTS. The PSD placement specialist is responsible for completing all PERs.</p> <p>Note: The following guidelines do not apply to the Extension of Foster Care Services (EFCS) population.</p> <p>3. Any placements, including ICPC approved placements, that meet the following criteria require a PER:</p> <ul style="list-style-type: none"> a) Placed outside of region AND outside of 75 mile radius. b) Child remaining in a (Primary Treatment Center) PTC for over 30 days. c) Multiple PTC placements within a 12 month period d) Separation of Siblings e) More than 3 foster children in a foster home. f) More than 6 total children/youth (including birth and adopted children/youth) in a foster home. g) More than 3 children/youth under the age of 3 in the home.

	<ul style="list-style-type: none"> h) More than 2 therapeutic (medically fragile or Level 2 or 3) children/youth in the home. i) Child/youth under age 6 placed in congregate care (any non-foster home placement). j) Congregate care placement (facility with a capacity greater than 8). k) Separation of children/youth of minor parents in foster care l) Dependent/Neglected or Unruly child/youth in a jail, correctional or detention facility. <p>Upon verbal or e-mail approval of the PER, the Placement Division Staff complete form CS-0664, Placement Exception Request (PER) within three (3) days of placement as needed.</p> <p>4. Any placements, including ICPC approved placements, that do not require a PER require a case recording entered by the Placement Specialist when the following exists:</p> <ul style="list-style-type: none"> a) There are more than five (5) total children in the home (including birth and adopted children); or b) There are more than two (2) children under the age of two (2) in the home. <p>The recording details how the placement is in the best interest of the child/youth and how the needs of all children/youth in the home are met.</p> <p>5. Children/youth who have high risk scores, as identified on the CANS Assessment, must have safety plans if placed with other children/youth. Refer to DCS Policy <u>31.18 Safety Planning for High Risk Behaviors in Children and Youth in DCS Custody</u> for more information.</p>
H. Restrictions and response of DCS regarding child/youth in DCS custody placed in detention, jails, or correctional facilities	<ul style="list-style-type: none"> 1. No child/youth in foster care is placed in a jail, correctional, or detention facility unless the child/youth has been charged with a delinquent offense or unless otherwise placed or ordered by the court. Court orders, verbal or written, purportedly instructing DCS to place a child/youth in jail, YDC, or detention facility are provided immediately to the DCS Regional Counsel for interpretation and legal advice. 2. Upon notice that a child/youth in DCS custody has been placed in a jail, correctional facility, or detention center, the assigned FSW immediately determines the child/youth's current adjudication status. 3. If it is determined that the child/youth is in DCS custody as a result of a dependent/neglect or unruly adjudication, the FSW immediately determines if detainable delinquent charges have been filed against the child/youth or if there is a court order placing the child/youth in the facility. Before placement is made, based upon a court order instructing DCS to require such placement, the child/youth is placed there until the order is amended upon reconsideration

	<p>by the court, or until a higher court reverses such a court order, as confirmed to the FSW by the DCS attorney.</p> <ol style="list-style-type: none"> When it is determined that there are no detainable charges against the child/youth and Regional Counsel determines that the court order does not require the child/youth's placement in a hardware secure facility (such as a jail, correctional facility, or detention facility); the FSW makes arrangements for the child/youth to be removed from the facility and placed in an appropriate foster care placement. The response to the removal of a child/youth from these facilities is <u>immediate</u>. During such periods, that a child/youth is in a detention facility or jail, the assessments, as listed in Section A-1(a), are implemented by provision of services identified in the assessments. If a child/youth is awaiting community placement and is not moved within fourteen (14) days, approval must be given by the RA for the placement to continue. A child/youth placed in detention or otherwise detained in another state due to runaway or other legal reasons is subject to return through the <i>Interstate Compact on Juveniles (ICJ) program</i>.
I. Placement of delinquent youth in a foster home	<ol style="list-style-type: none"> When placing a delinquent youth in a foster home, the prospective foster family is provided with all available information regarding the youth's delinquent record. Foster homes have the right to refuse placement of delinquent offenders whom they judge to present an unacceptable risk to their family, other foster child/youth, their property or community. Youth adjudicated delinquent, committed to DCS for felony offense(s) and who have a history of convictions for felony offenses, will not ordinarily be placed in a family foster home to receive residential treatment. Any such placement must be approved by the RA/Designee and the committing Juvenile Court is notified of the planned foster home placement. Step-down and placement in a family foster home is made following a period of residential treatment without notification to the committing court or approval from the RA/Designee. If the foster home has other children/youth residing in it (biological or foster), the risk to those children/youth is assessed prior to the placement of a delinquent child/youth in the home if the delinquent child/youth was adjudicated on charges regarding violence against a person (including sexual offenses). Youth adjudicated delinquent, committed to DCS because of misdemeanor offenses and in the absence of prior felony offenses, may be placed in family foster homes following notification to the committing court. Foster homes that accept delinquent youth must take a nine (9) hour course, "<i>Parenting Youthful Offenders</i>" before the youth is placed in family foster homes following notification of the committing court.
J. Out of state placements (ICPC)	<ol style="list-style-type: none"> The out of state placement of a child/youth in DCS custody with a parent, relative/kin, foster home, group home, or licensed residential treatment facility

	<p>is subject to compliance with the Interstate Compact on the Placement of Children (TCA 37-4-201-207) Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239, and DCS Policy <u>1.30, Interstate Compact on the Placement of Children</u>.</p> <ol style="list-style-type: none"> 2. No child/youth in DCS custody is placed in a receiving state until appropriate DCS personnel has filed an ICPC referral with supporting documents with the TN DCS State Office and the appropriate public authority in the receiving state has issued a decision regarding placement. 3. Placement of a DCS child/youth in the receiving state prior to issuance of a placement decision by the receiving state authorities constitutes a violation of the Compact and puts the child/youth "at-risk". 4. DCS is responsible to maintain the custodial child/youth in an intra-state placement pending compliance with the Interstate Compact Placement of Children (ICPC), for out of state placements with parent, relatives/kin, foster home, group home, or licensed residential treatment facility. Compliance requires initiation of a referral and the issuance of a written decision regarding placement of the child/youth from the receiving state ICPC office. 5. No child/youth is placed out of state in a licensed residential treatment center any other group care setting (out of state) prior to compliance with the <i>Interstate Compact on the Placement of Children (ICPC)</i>. Refer to the <u>Interstate Compact on the Placement of Children (ICPC) Practice and Procedures Manual</u> for procedures on ICPC compliance.
<p>K. Data system documentation</p>	<ol style="list-style-type: none"> 1. Placement information for child/youth in DCS custody is entered in TFACTS according to best practice and in a timeframe that allows for the needs of the child/youth being placed. 2. A Notice of Action (NOA) is completed in TFACTS for any placement into or moving from a level 2, 3 or 4. For more information refer to the <u>NOA-GRIER FAQ</u>. 3. Events not documented elsewhere in TFACTS or requiring a more comprehensive explanation are entered into case recordings, which are recorded and completed within thirty (30) days of date of occurrence.

Forms:	<u>CS-0206 Authorization for Routine Health Services for Minors</u> <u>CS-0544 Foster Home Placement Checklist</u> <u>CS-0657, Education Passport</u> <u>CS-0664, Placement Exception Request</u> <u>CS-0674 Special or Extraordinary Rate Request</u> <u>CS-0727 Custodial Intake Form</u> <u>CS-0747 Child and Family Team Meeting Summary</u> <u>CS-1052, Regional Administrator (RA) to Regional Administrator (RA) Approval</u> <u>TennCare Medical Appeal</u>
Collateral Documents:	<u>Child and Family Team Meeting Protocol (CFTM)</u> <u>The Interstate Compact on the Placement of Children Practices and Procedure Manual</u> <u>NOA-GRIER FAQ</u> <u>Protocol for Continuation of TennCare Eligibility for Children Exiting Custody</u> <u>Regional Placement Services Division (PSD) Support Guide</u>
Glossary:	
Term:	Definition:
Child of Minor Parent:	An infant that is born to a child/youth that is already in the care/custody of the state agency, but the mother and infant are placed in the same foster home together.
Family Service Worker:	A DCS term used to identify the person who is principally responsible for the case and has the primary responsibility for building, preparing, supporting, and maintaining the Child and Family Team as the child and family move to permanence.
Group Home:	A home operated by any person, agency, corporation, institution or any group which receives 7 to 12 children under 18 years of age for full-time care outside their own homes in facilities owned or rented and operated by the organization. Group homes can provide care for delinquent, unruly, and dependent/neglected youth with the first priority being delinquent youth.
Licensed Child Caring Agency:	Any agency that provides child care, regardless of whether such person or entity is licensed
Licensed Child Placing Agency:	Any agency operating under a license to place children/youth for adoption.